									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									10/827461				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN ENTITY	
T	OTAL CLAIMS	5	9				1	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00	
TO	OTAL CHARGE	ABLE CLAIMS	9 minus 20=		. &			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			4 minus 3 =		1			X43=	43	OR	X86=		
ML	JLTIPLE DEPE	NDENT CLAIM F	PRESENT	· 				+145=	-	OR	+290=		
• If the difference in column 1 is less than zero, enter "0" in column $/2 - 1/-06$						column 2		TOTAL	•	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	. ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA	Ì	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 4	Minus	-2	O	5	ſ	X\$ 9=		OR	X\$18=		
	Independent	· /	Minus	/	<u>//</u>	*	ſ	X43=		OR	X86=		
نــا	FIRST PRESENTATION OF MULTIPLE			EPENDENT CLAIR				+145=		OR	+290=		
							L	TOTAL		OR	TOTAL ADDIT, FEE		
		~	JUII. FEE	<u> </u>		ADDII. FEE							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	-		5	İ	X\$ 9=		OR	X\$18=		
	Independent		Minus	***		=		X43= .		OR	X86=	•	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	ENDENT (CLAIM			+145=		OR	+290=		
								TOTAL DIT. FEE	·	L	TOTAL		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=	X43=		<u> </u>	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						F			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								145= TOTAL		OR [+290=		
H	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3,"									OR A	TOTAL DDIT. FEE L		
		ber Previously Paid					ound	in the app	ropriate box	in colu	mn 1.		